ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

# **Hospital: Community Hospital of Indiana South**

Year: 2003 City: Indianapolis Peer Group: Medium

**Statement One: Summary of Revenue and Expenses** 

1. Gross Patient Service Revenue					
Inpatient Patient Service Revenue	\$76,723,497				
Outpatient Patient Service Revenue	\$94,774,048				
Total Gross Patient Service Revenue	\$171,497,545				
2. Deductions from Revenue					
Contractual Allowances	\$51,293,017				
Other Deductions	\$31,243,364				
Total Deductions	\$82,536,381				
3. Total Operating Ro	evenue				
Net Patient Service Revenue	\$88,961,164				
Other Operating Revenue	\$1,342,788				
Total Operating Revenue	\$90,303,952				
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4. Operating Expens	ses
Salaries and Wages	\$20,784,694
Employee Benefits and Taxes	\$3,432,578
Depreciation and Amortization	\$3,616,233
Interest Expenses	\$979,636
Bad Debt	\$5,158,387
Other Expenses	\$47,675,460
Total Operating Expenses	\$81,946,988
5. Net Revenue and Exp	penses
Net Operating Revenue over Expenses	\$8,656,964
Net Non-operating Gains over Losses	\$0
Total Net Gain over Loss	\$8,656,964

6. Assets and Liabilities			
Total Assets	\$80,199,900		
Total Liabilities	\$32,909,259		

Statement Two: Contractual Allowances					
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue		
Medicare	\$68,383,959	\$44,551,959	\$23,831,708		
Medicaid	\$8,477,858	\$6,405,022	\$2,072,836		
Other State	\$0	\$0	\$0		
Local Government	\$0	\$0	\$0		
Commercial Insurance	\$94,636,020	\$31,579,400	\$63,056,620		
Total	\$171,497,545	\$82,536,381	\$88,961,164		

Statement Three: Unique Specialized Hospital Funds					
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment		
Donations	\$0	\$0	\$0		

Educational	\$0	\$0	\$0
Research	\$0	\$0	\$0

Number of individuals estimated by this hospital that are involved in e	education
Number of Medical Professionals Trained In This Hospital	O
Number of Hospital Patients Educated In This Hospital	O
Number of Citizens Exposed to Health Education Message	0

# Statement Four Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

Co	ounty	Marion	Community	Marion, Hamilton, Hancock, Johnson, Shelby, and
Lo	cation		Served	Morgan Counties.

# **Hospital Mission Statement**

With caring and compassion, we continually strive to improve the health and well being of those individuals in central Indiana who entrust their care to us.

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	YES	Community Plan	YES

Professional Education	NO	Practitioner Education	NO	Annual Statement	YES
Community Education	NO	Clinic Support	YES	Needs Assessment	2001

#### Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2001	2002	2003
Persons served in last twelve months	11,963	12,426	12,717
Charity Care Allocation	(\$3,023,853)	(\$343,945)	(\$827,125)

### **Hospital Community Benefit Projects and the Projects' Net Cost**

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
All Programs	(\$1,973,507)

# Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to	(\$827,125)
patients unable to pay, to patients covered under government funded programs, and for medical education, training.	
2. Community Health Education	\$0
3. Community Programs and Services	(\$1,973,507)
4. Other Unreimbursed Costs	\$0
5. Total Costs of Providing Community Benefits	(\$2,800,632)

# **Identification of Additional Non-Hospital Charity Costs**

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

#### For further information on these initiatives, contact:

Hospital Representative: Dan Hodgins

Telephone number: 317/621-7637

# ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	410	645
2. % of Salary	Salary Expenses divided by Total Expenses	25.4%	39.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	62.5	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.0	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$2,022	\$4,378
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$9,990	\$11,927
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	55.3%	52.3%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,526	\$847

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	39.9%	43.1%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	6.3%	5.5%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$827,125)	(\$1,065,673)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	9.6	5.0

# Notes:

- 1. NR = Not Reported
- 2. See Statewide Results for definitions of terms.